

**ARIZONA STATE BOARD OF HEALTH**  
BUREAU OF VITAL STATISTICS  
STANDARD CERTIFICATE OF BIRTH

State File No. 181  
Registered No. 584

**1. PLACE OF BIRTH**

County Yuma State Arizona  
District or Township \_\_\_\_\_ or Village \_\_\_\_\_  
City Miami No. Lower Miami St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child George Harold Thomas  
(If child is not yet named, make supplemental report, as directed.)

3. Sex of Child Male To be answered ONLY in event of plural births. 4. Twin, triplet or other \_\_\_\_\_ 6. Legitimate? Yes 7. Date of birth Dec 27-1929  
Month Day Year

8. FATHER  
Full name William Henry Thomas  
9. Residence (Usual place of abode) Miami Arizona  
If non-resident, give place and state. \_\_\_\_\_  
10. Color or race White  
11. Age at last birthday 38 (Years)

12. Birthplace (city or place) Brenham Texas  
(State or country) \_\_\_\_\_  
13. Occupation Grocer  
Nature of industry \_\_\_\_\_

14. MOTHER  
Full maiden name Gladye Maud Andrews  
15. Residence (Usual place of abode) Miami Ariz.  
If non-resident, give place and state. \_\_\_\_\_  
16. Color or race White  
17. Age at last birthday 28 (Years)

18. Birthplace (city or place) Boston Michigan  
(State or country) \_\_\_\_\_  
19. Occupation H. W.  
Nature of industry \_\_\_\_\_

20. Number of children of this mother 3  
(Taken as of time of birth of child herein certified and including this child.)  
(a) Born alive and now living 3  
(b) Born alive but now dead 0  
(c) Stillborn 0  
21. Were precautions taken against ophthalmia neonatorum? Yes

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

I hereby certify that I attended the birth of this child, who was Born alive at 12:30 P. m. on the date above stated.  
(Born alive or stillborn.)

\* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.  
Signature Charles E. Irwin  
(Physician or midwife).

Given name added from a supplemental report. \_\_\_\_\_ Address Miami Arizona

Month, day, year

Filed Dec 30, 29 19 6. E. Irwin  
Registrar

Registrar

732-1227-712